

<b>U.S. DEPARTMENT OF HOMELAND SECURITY</b> U.S. COAST GUARD CG-4121 Rev. (04-09)		<b>ICP Physical Inventory Preparation and Count Phase Checklist</b>	
Date	HQ Representative		ICP
QTR	FY	Inventory Start Date	Type and Method of Inventory
<i>Reference: (a) Uniform Supply Operations manual, COMDTINST M4121.4, Chapter 16.</i>			
Instructions: This form is to be used when observing the preparation and count phases of an ICP physical inventory. 1. Check the "YES" or "NO" answers in each block. 2. Comments are required for negative answers or discrepancies. 3. This form shall not be considered complete unless it is signed and dated ( <i>see last page</i> ).			
<b>GENERAL REQUIREMENTS</b>			<b>Yes</b> <b>No</b>
Para. G.1	Does the ICP have documented processes and procedures compliant with USO policy and endorsed by the command?		
Para. G.2, Para. G.3	Is the inventory compliant with scheduling requirements?		
Para. G.4	With respect to this physical inventory date, is there evidence the ICP has physical inventory documentation dating back for 3 years plus the current fiscal year?		
Para. G.5	Has the ICP developed off-line procedures for receiving material and processing emergency issues?		
<b>PREPARATIONS</b>			<b>Yes</b> <b>No</b>
Para. G.6	Are there any discrepancies with storage preparations?		
Para. G.7	Are there any discrepancies with the following data preparations:		<b>Yes</b> <b>No</b>
	Record-to-Floor?		
	Floor-To-Record?		
Para. G.8	Are there any discrepancies with the following inventory team preparations:		<b>Yes</b> <b>No</b>
	Responsibilities assigned in writing?		
	Evidence there has been reviews or training?		
Para. G.9	Are there any discrepancies with the following count sheet preparations:		<b>Yes</b> <b>No</b>
	Record-to-Floor?		
	Floor-To-Record?		
	Receiving and Shipping?		
<b>COUNT PHASE</b>			<b>Yes</b> <b>No</b>
Para. G.10a	Are the following count requirements being met for the <u>Record-to-Floor</u> inventory count:		
	The touch method of counting?		
	Notations of discrepancies ( <i>if applicable</i> )?		
	Weight and measure testing ( <i>if applicable</i> )?		
	Signatures and dates on count sheets?		
	Are you signing count sheets?		
	Is the ICO maintaining positive control of the count sheets?		
	Is the ICO verifying the count sheets are complete?		
If the 1 <sup>st</sup> count does not match are 2 <sup>nd</sup> count teams being assigned?			

Para. G.10b	Are the following count requirements being met for the Floor-To-Record inventory count?		Yes	No
	The touch method of counting?			
	Notations of discrepancies ( <i>if applicable</i> )?			
	Weight and measure testing ( <i>if applicable</i> )?			
	Signatures and dates on count sheets?			
	Are you signing count sheets?			
	Is the ICO maintaining positive control of the count sheets?			
	Is the ICO verifying the count sheets are complete?			
	If the 1 <sup>st</sup> count does not match are 2 <sup>nd</sup> count teams being assigned?			
Para. G.10c	Write the NSN/ACN for the items you have selected from the <u>Receiving</u> area below:			
	Have any of the items you selected been receipted for in the ICPs inventory management system?		Yes	No
Para. G.10c	Write the NSN/ACN for the items you have selected from the <u>Shipping</u> area below:			
	Are any of the items you selected still listed as being on-the-shelf in the ICPs inventory management system?		Yes	No
<b>GENERAL COMMENTS, DISCREPANCIES, OR OBSERVATIONS</b>				
<b>The following personnel must sign and date this form upon completion of the count phase.</b>				
Inventory Control Officer:    ( <i>printed</i> ) _____ Date _____				
( <i>signed</i> ) _____ Date _____				
Remarks:				
ICP Comptroller:                  ( <i>printed</i> ) _____ Date _____				
( <i>signed</i> ) _____ Date _____				
Remarks:				
HQ Observer:                      ( <i>printed</i> ) _____ Date _____				
( <i>signed</i> ) _____ Date _____				
Remarks:				

## ICP Final Physical Inventory Report Checklist

Date	HQ Program Office		
QTR	FY	Program Representative	

*Reference: (a) Uniform Supply Operations manual, COMDTINST M4121.4, Chapter 16.*

Instructions: This form is to be used when reviewing an ICPs' physical inventory report.

1. Check the "N/A", "YES" or "NO" answers in each block.
2. If you answer "NO" provide comments.
3. This form shall not be considered complete unless it is signed and dated (*see last page*)

RECONCILIATION AND REPORTS		N/A	Yes	No
Para. G.11a	If applicable, were there any gains or losses?			
Para. G.11b	If applicable, is there evidence Reports of Survey are underway?			
Para. G.11c	If applicable, is there evidence of reconciliation documentation?			
Para. G.12d	Have the accuracy goals been achieved?			
Para. G.12e	Has the report been submitted on time or within an authorized extended time?			
Para. G.12f	Does the report have all of the required information?			
Para. G.12g	Are there any corrective actions?			

### COMMENTS

***Sign and date this form upon completion of the review.***

Program Manager: (printed) \_\_\_\_\_ Date \_\_\_\_\_

(signed) \_\_\_\_\_ Date \_\_\_\_\_